

REGISTRATION FOR THE 2019-2020 SCHOOL YEAR

Middletown Christian Preschool & Kindergarten

Placement is based on data submitted on the application verses a first come first serve basis.



APPLICATION PROCESS

1. Applications may be submitted to the school office anytime between January 7, 2019 and January 30, 2019 to be considered for the priority registration.

Submit application with a non-refundable \$50 application fee. ^a

2. Confirmation letters will be mailed on February 14, 2019.

Once you receive your confirmation letter, reserve your spot by returning the enrollment form and \$150 registration fee ^b by March 8, 2019.

3. Nine monthly tuition payments ^c will be collected during the months of August 2019 thru April 2020.

If you have any questions, please stop by the school office or call us at 244-7971.

EXPLANATION OF FEES

- Application Fee -- is an administrative fee collected to start the registration process and is non-refundable.
- Registration Fee -- is collected to guarantee and hold your child's spot for the upcoming school year. This fee is worked into our budget to be used for snack and in-house supplies and teacher training for the school year. Once this fee is paid, it is non-refundable.
- Tuition -- As shown on the Application, there is an annual tuition amount for each class. The tuition has been divided into 9 payments paid August - April regardless of the number of days that are attended each month.

Child's Name _____

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*Preschool and Kindergarten class time is 9:00-12:15.

Children applying must have reached the age of the class by Aug. 1st.

(Example: To apply for a 3-year-old class, the child must be 3 by August 1st.)

NO EXCEPTIONS!!

Class	Tuition	Annual	Number Choices (1, 2, 3)
*2 Day/2 year olds (Mon./Wed.)	\$190.00	\$1,710.00	_____
*2 Day/2 year olds (Tues./Thurs)	\$190.00	\$1,710.00	_____
*2 Day/3year olds (Tues./Thurs.)	\$190.00	\$1,710.00	_____
*3 Day/3 year olds (M/W/F)	\$235.00	\$2,115.00	_____
*3 Day/3 year olds (T/TH/F)	\$235.00	\$2,115.00	_____
*5 Day/3 year olds (M-F)	\$305.00	\$2,745.00	_____
*3 Day/4 year olds (M/W/F)	\$235.00	\$2,115.00	_____
*4 Day/4 year olds (M-TH)	\$265.00	\$2,385.00	_____
*5 Day/4year olds (M-F)	\$305.00	\$2,745.00	_____
Kindergarten (1/2 day M-F)	\$355.00	\$3,195.00	_____

**MIDDLETOWN CHRISTIAN
PRESCHOOL AND KINDERGARTEN**

Child's Full Name _____

Is your child presently enrolled in our preschool for the 2018-2019 school year? _____

If yes, number of years attending MCP&K (including 2018-2019) _____

Other Siblings:

Name	Age	If attended MCP&K – how many years & when
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Are you a member of Middletown Christian Church? _____

If yes, number of years _____

Did either parent attend Middletown Christian Preschool & Kindergarten? _____

Who referred you to MCP&K? _____

OFFICE USE ONLY

CLASS _____

AMT. _____

PAID _____

APPLICATION FOR ENROLLMENT FOR SCHOOL YEAR 2019-2020

***Please fill out all forms completely.**

First Name _____ Last Name _____ Date of Birth _____

Male _____ Female _____

Address _____ Telephone # _____

City, Zip Code _____

Mother's Name _____

Employer _____

Cell # _____ Work # _____

Father's Name _____

Employer _____

Cell # _____ Work # _____

Preferred email address _____

Do you have a church home? _____ Where? _____

Who will be dropping your child off for school?

Name _____ Relationship _____

Who has permission to pick your child up from the program?

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Who does not have permission to take your child from the program?

Name _____ Relationship _____

*****PLEASE NOTE: A COPY OF THE COURT DECISION MUST BE ON FILE IN ORDER FOR THE PROGRAM NOT TO RELEASE A CHILD TO HIS/HER NONCUSTODIAL PARENT.**

Who should the program contact in case of an emergency?

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Physician's Name _____ Phone _____

Address _____

Dentist's Name _____ Phone _____

Address _____

Hospital _____ Phone _____

Address _____

Allergies _____

Medications _____

I give permission to the MCP&K director and/or staff to use whatever emergency measures are judged necessary for the care and protection of my child while under their supervision.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary.

It is understood that in some medical situations the staff will need to contact the local emergency resources before the parent, or other adult acting on the parent's behalf.

Parent or Guardian's Signature _____

Date _____

**PERSONAL INFORMATION PROFILE
2019-2020**

***Please fill out all forms completely.**

Family and Social History

First Name _____ Last Name _____

What is the name you would like your child to be called at school? (*This is the name you would like them to learn to recognize and write in school.*) _____

Date of Birth _____ Female _____ Male _____

Telephone _____

Address _____ City _____ Zip Code _____

Mother's Name _____ (or Guardian) Cell Phone _____

Father's Name _____ (or Guardian) Cell Phone _____

Preferred email address _____

Child lives with _____ Both parents
_____ Single Parent (Please Name) _____
_____ Other (Please Name) _____

Custody/Visiting arrangements

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Brothers and Sisters of Child

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Name _____ Date of Birth _____ Grade in School _____

Other members of the household _____

Any Pets? (Include names) _____

Has child had other preschool or group play experience? _____

Where? _____

Reactions? _____

Developmental History of Child

The child's request word or words for using the bathroom _____

Can your child be relied upon to indicate his/her bathroom wishes? _____

What are your child's favorite indoor play activities? _____

What are your child's favorite outdoor activities? _____

Does your child have special fears that you're aware of? _____

Does your child have any speech problems? _____

What method of discipline is used in your home? _____

What is your child's usual reaction? _____

How would you describe your child's personality? _____

Health History of Child

Does your child have any physical limitations? _____

Does your child have any dietary restrictions or eating problems? Vegetarian? _____

Other: _____

Does your child have any allergies? (I.e. food allergies, medicine, bee stings) _____

If yes, how does it manifest itself? _____

Is your child on any medications? _____

May your child have special treats or snack? _____

Signed _____ **(Parent or Guardian) Date** _____

Release Form

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school, and to leave school premises under the supervision of a staff member for field trips or in the case of an emergency. I give permission for my child's name, address, and phone number and email address to be printed in a class or school directory. I give permission for my child to be photographed and photos to be used for publication and on the school website or newsletter. I give permission for my child's teacher to have a classroom pet or to participate in a classroom activity where there may be pets brought into the classroom or facility. I will not hold Middletown Christian Preschool and Kindergarten or any staff member liable in the case of accidental injury while at school.

I hereby grant permission for the Director or Office Manager to take whatever steps necessary to obtain medical care. These steps will be taken, but not limited to, the following:

1. Attempt to contact a parent or guardian.
2. If we cannot contact a parent or guardian we will have the child taken to an emergency hospital in the company of a staff member.
3. Any expenses incurred under #2, above, will be borne by the child's family.
4. The school will not be responsible for anything that may happen as a result of false information or information that has changed and an update is not given to the school office.

Signed _____ (Parent or Legal Guardian) Date _____